

Case Number:	CM14-0183923		
Date Assigned:	11/10/2014	Date of Injury:	02/14/1992
Decision Date:	12/30/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	11/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Per the physician report dated 09/24/14, the injured worker is a 61-year old female whom experienced an industrial related injury on 02/14/92. There was no mechanism of injury noted in the report. She reported she slipped and fell injuring her left knee and low back. She complained of back pain and symptoms described as spasm, aching, constant, dull, intermittent, sharp, pressure, and stabbing. Symptoms were increasing and unchanged, rated 9/10. Symptoms are relieved by rest, medication, lying down and sitting. Her previous medical treatments include medications, injections and physical therapy. She reported the pain radiated into her bilateral hips, right buttock, into both lower extremities, into both buttocks and down the right leg. Upon examination there was no deformity, erythema, soft tissue swelling, ecchymosis, or atrophy to the lumbar spine. There was severe tenderness present at the left sciatic notch, right sciatic notch, and lower lumbar spine. She had positive straight leg raises bilaterally when in the sitting position. Diagnoses were lumbar degenerative disc disease, back pain, spinal stenosis without neurogenic claudication, sciatica, spine degenerative joint disease, and lumbar radiculopathy. Treatment plan recommendations included caudal epidural steroid injection and for her to continue her pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Caudal Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2, Pain Interventions and Treatments Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural Steroid Injections (ESIs), Therapeutic.

Decision rationale: Regarding the request for cervical spine epidural steroid injection, guidelines recommend it as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for use of epidural steroid injections includes: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The request is not reasonable as there is no documentation of which levels are being requested to be injected. Also, radiculopathy has not been documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and unclear if pain has initially been unresponsive to conservative treatment. Therefore, guideline criteria has not been met. Therefore, the request is not medically necessary.